

6/1/2016

From Account: Bookkeeping 11 21.888.4914 Wed Jun 01 15:34:20 2016 MDT Page 1 of 5

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : I20120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MULTILEVEL MARKETING LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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TALLAHASSEE, FLORIDA

JUN 02 2016

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MULTILEVEL MARKETING LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREA WOODARD

Name of Person

ABKCORP

Firm/Company

3300 S HIA WASSEE RD STE 106

Address

ORLANDO, FL 32835

City/State and Zip Code

OPERATIONS@ABKCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA WOODARD

407

898-1757

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MULTILEVEL MARKETING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/03/2016

Florida document number L16000089070

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

6881 KINGSPONTE PKWY SUITE 13A

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6881 KINGSPONTE PKWY SUITE 13A

ORLANDO, FL 32819

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

6881 KINGSPONTE PKWY SUITE 13A

Enter Florida street address

ORLANDO

City

Florida 32819

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                       | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|-----------------------------------|---------------------------|--|
| MGR          | Araujo Cruz Martins, Paulo Sergio | RUA DIEGO DE CASTILHO     | <input type="checkbox"/> Add               |
|              |                                   | 500 7 ANDAR               | <input checked="" type="checkbox"/> Remove |
|              |                                   | SAO PAULO, SP 05704070 BR | <input type="checkbox"/> Change            |
|              |                                   |                           | <input type="checkbox"/> Add               |
|              |                                   |                           | <input type="checkbox"/> Remove            |
|              |                                   |                           | <input type="checkbox"/> Change            |
|              |                                   |                           | <input type="checkbox"/> Add               |
|              |                                   |                           | <input type="checkbox"/> Remove            |
|              |                                   |                           | <input type="checkbox"/> Change            |
|              |                                   |                           | <input type="checkbox"/> Add               |
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|              |                                   |                           | <input type="checkbox"/> Change            |
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|              |                                   |                           | <input type="checkbox"/> Change            |

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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated JUNE 01 2016

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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